

NUTRITION AND WELLNESS

Commitment / Registration Form

July 22-24, 2009
Arkansas 4-H Center
Ferndale, AR

Registration Fee \$300

Deadline for Registration May 22, 2009. No Refunds after this date.

Maximum number of participants is 24.

Name: _____

School: _____

Home Address: _____
City State Zip

Home Telephone: _____ E-Mail Address _____

School Telephone: _____ School Fax: _____

Teacher:

I understand that by participating in this in-service activity I agree to incorporate this course into my Family and Consumer Sciences program of study beginning in the 2009-2010 school year. I understand that I must teach this course for a total of 5 years.

Teacher Signature _____ Date _____

Superintendent:

I agree to support this course as a new offering in the Family and Consumer Sciences Department for the 2009-2010 school year. The school district will purchase the required equipment and supplies and will maintain the course for a minimum of 5 school years.

Superintendent Signature _____ Date _____

Deadline for Registration May 22, 2009 (Postmarked)

There will be no refunds after this date.

To complete the registration, you must mail this form along with a check or purchase order for \$300 to the FACS State Office. Registration does not cover lodging. If you have any questions please call 501-682-1115

Method of Payment: ☐ Enclosed School Check # _____ ☐ Enclosed Personal Check # _____
☐ Purchase Order # _____ Name of Organization _____

Make Checks or Purchase Orders **PAYABLE TO:**
MAILED TO:

AATFACS / FACS Inservice
Suellen Ward, FACS Program Manager
#3 Capitol Mall Room 600
Luther S. Hardin Building
Little Rock, AR 72201

Registration forms with PO# may be **FAXED TO:** 501-682-9440